

Form of Birth Certificate No. 1. This form is to be filled out by the attending physician or midwife, or by the father, mother, or other person having knowledge of the birth, and must be filed with the local registrar within the time specified in the instructions. It is to be filled out for every child born, whether the child is living or dead, and whether the birth is normal or abnormal.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No. — For State Registrar Only	
County of <u>Charlottesville</u>		STATE OF SOUTH CAROLINA		3611	
Township of <u>Northhampton</u>		Bureau of Vital Statistics			
City of <u>Charlottesville</u>		State Board of Health			
Registration District No. <u>2.3.A.7</u>		Registered No. <u>5</u>			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		St. <u>St.</u>		Word <u>Word</u>	
(2) Full Name of Child <u>Julia Beaumont</u>					
If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet <u>-</u>	(5) Number in order of birth <u>-</u>	(6) Are Parents Married <u>No</u>	(7) DATE OF BIRTH <u>Feb 25 1923</u>	
(Name of Month) (Day) (Year)					
FATHER.			MOTHER.		
(8) FULL NAME <u>Louis Beaumont</u>			(14) NAME BEFORE MARRIAGE <u>Louis Beaumont</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Charlottesville S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Charlottesville S.C.</u>		
(10) COLOR OR RACE <u>Col.</u>			(11) AGE AT LAST BIRTHDAY <u>20</u>		
(12) BIRTHPLACE <u>S.C.</u>			(16) COLOR OR RACE <u>Col.</u>		
(13) OCCUPATION <u>Teacher</u>			(17) AGE AT LAST BIRTHDAY <u>19</u>		
(18) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> on the date above stated.					
(23) (Signature) <u>Rebecca T. Stewart</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Charlottesville</u>					
Given name added from a supplemental report					
(26) Witness <u>Ed. Early</u>					
(27) When <u>Mar. 1 1923</u>					
(28) Local Registrar <u>Ed. Early</u>					

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.